PETI	TION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			020093-000120US	
Application Number 09/016,737			Filed January 30, 1998	
For ISOLATION AND/OR PRESERVATION OF DENDRITIC CELLS FOR PROSTATE CANCER IMMUNOTHERAPY				
Art Unit 1642			Examiner Minh T. Davis	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	
	One mon th (37 CFR 1.17(a)(1))	\$130	\$65	\$
	T wo months (37 CFR 1.17(a)(2))	\$490	\$245	\$
	Three mont hs (37 CFR 1.17(a)(3))	\$1110	\$555	\$
	Four m onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five mo nths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ <u>1175</u>
Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account.			
\boxtimes				
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number20-1430			
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number <u>32,928</u>				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
Brien W. Poor 16 February 2010				
Signature Date				
	Brian W. Poor, Reg. No. 32,928 Typed or printed name		206-467-9600 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than				
one si	gnature is required, see below.	·	and the second second second	
1 I I	Total of forms are su	omitted.		